



01-30-07

Atty. Dkt. No. 079777-0564 (EGS-005 US)

Rae

JPW**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: ROY et al.

Title: MEDICAL USAGE
CONNECTOR ASSEMBLY
FOR THE TRANSFER OF
FLUIDS

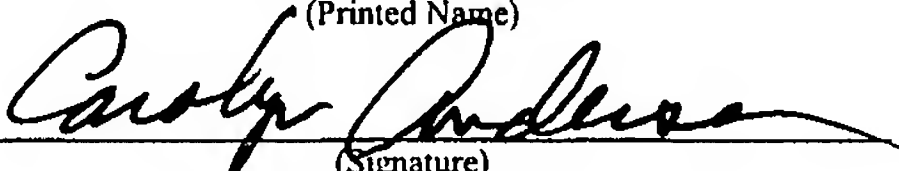
Appl. No.: 10/507,057

Appl. Filing Date: September 7, 2004

Examiner: Koharski, Christopher

Art Unit: 3763

Confirmation
Number: 8466

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 961802685 US	January 29, 2007
(Express Mail Label Number)	(Date of Deposit)
Carolyn Anderson	
(Printed Name)	
	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

01/31/2007 CNEGA1 00000012 10507057

01 FC:2801

395.00 OP

1. Submission **required** under 37 C.F.R. § 1.114: (check items that apply)

a. Previously submitted:

☐ Please enter and consider the amendment and/or reply previously filed on ____.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.

☐ Other ____.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO/SB/08 with copies of ____ listed reference(s).

☒ Other: Petition for Extension of Time.

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	30	- 20	= 10	x \$50.00	= \$500.00
Independents	3	- 3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$1290.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$1,020.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$1,020.00
EXTENSION FEE ALREADY PAID: -				\$0.00
EXTENSION FEE TOTAL				\$1,020.00
CLAIMS AND EXTENSION FEE TOTAL:				\$2,310.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$1,155.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:				\$1,155.00

A credit card payment form is attached in the total amount of \$1,155.00 to cover the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3431. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3431.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 1/29/2007

By 

FOLEY & LARDNER LLP
Customer Number: 48329
Telephone: (617) 342-4093
Facsimile: (617) 342-4001

Ralph Tremontozzi
Attorney for Applicants
Registration No. 55,686